

Hospitals rolling out the “welcome mat” to ease COVID-19 fears

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Clinical, chronically crowded and tough to navigate — few would describe hospitals as welcoming at the best of times. And for many patients, the coronavirus disease 2019 (COVID-19) pandemic has made visiting the hospital even more daunting.

Susan Rich, who recently attended an Ottawa hospital for a hip injection, describes feeling “treated like a disease vector” when she was greeted by masked screeners. “I was struck by how all the screening questions were about keeping me out of the hospital,” she says. Yet, “there was no information at the entrance about how the hospital was going to keep me safe, and it bothered me.”

Other patients are staying away. Early in the pandemic, emergency department (ED) visits in the United States were down by 42% from the year before — a trend also seen in Canada. Yet, the proportion of patients presenting to EDs who required hospitalization skyrocketed, irrespective of diagnosis, suggesting that some patients delayed too long before seeking care.

In response, some hospitals in Canada are working on becoming more welcoming.

North York General Hospital in Toronto created a hotel-inspired “welcome mat” area with a concierge desk staffed by clinicians to answer patients’ questions about appointments, directions and pandemic precautions. Cards and posters made by local school children decorate the main entrance. And the hospital’s website now features videos describing visitor access and the proper use of face masks and other personal protective equipment.

Previously, screeners at the hospital entrance had been fielding complicated questions from patients who had



Small changes can make a world of difference to patients anxious about seeking care.

nowhere else to turn, creating a bottleneck. Now, with the website doing the heavy lifting of preparing patients for visits, and the “welcome mat” in place, North York General has been able to screen more than 3000 visitors, patients and staff each day.

According to Sean Molloy, director of patient experience at North York General, patients on the hospital’s committees were the catalysts for the makeover. Initially, physical distancing rules and the need for quick decisions created barriers to patient input on pandemic plans, he says.

“There are certain realities of operating through a pandemic that made us choose to do things that felt very uncomfortable,” like restricting visitors to the site, Molloy explains. Yet, he was pleasantly surprised

that many patients and family advisors were willing to work virtually and under tight deadlines to guide improvements to patient experiences. “We are trying to be very conscious of the fact that [the current situation] is not normal, and [that] we have created barriers.”

Restrictions on loved ones visiting or accompanying patients to appointments have been a source of worry for many Canadians, especially vulnerable seniors. To address these concerns, William Osler Health System in the Greater Toronto Area increased the number of support staff for long-term care patients.

Now, an outreach team led by nurse practitioners coordinates long-term care patients’ visits to ambulatory clinic appointments, EDs and imaging services at Osler’s Brampton and Etobicoke hospitals.

The team existed before the pandemic but has expanded to seven members who work with geriatric emergency medicine nurses to accompany patients to appointments and provide mobility assistance, reassurance and snacks.

Sheelagh Willett, a nurse practitioner on the team, says the program is “designed to improve access to care for seniors in long-term care homes, minimize their risk of exposure [to severe acute respiratory syndrome coronavirus 2] and create a more seamless hospital experience overall.”

It's too early to know the impact of the initiative. Pre-pandemic evaluations of similar patient navigation programs reported improvements in timely access to care and patient satisfaction. Yet, large-scale syntheses of this research have focused mostly on American programs for disadvantaged patients with cancer. And few studies parse

which specific interventions were responsible for a given program's success.

For patients like Rich, even small changes could make a big impact. For example, she says, “I shouldn't have to dig through several layers on a website to find what the hospital is doing to keep me safe. Make it as simple as possible.” Rich also argues that hospitals could do more to ease patients' fears. “I don't even know if it is safe to use the bathroom now in a hospital. Can I touch anything? Am I at risk of getting COVID-19 just being here?”

According to Dr. Samina Ali, an emergency physician at Stollery Children's Hospital in Edmonton, tackling the fear factor is critical. “We are seeing families who are coming in stressed out, sometimes behaving scared and sometimes manifesting anger,” she says. “But much of their fear is spurred by [the unfamiliar]: yellow gowns, masks and worry of getting COVID-19.”

Health professionals have turned to social media to swap ideas about making pediatric EDs less scary for young patients. One early suggestion was to display posters showing staff smiling without their masks on. “Children are incredible at reading faces and deciding how they feel about you, and now we don't have those faces visible to them,” Ali explains. “One of our pediatric pain nurses saw these posters and recommended we use them. They remind our patients, their families and each other that we are people behind these masks.”

Humanizing touches like this have been “really important” to improving the ED's overall environment for everyone, Ali says. “They have made our emergency department feel like a kinder and gentler place through the pandemic.”

Dr. Catherine Varner, Toronto, Ont.